



ED 606549667 US

Customer Copy  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

| ORIGIN (POSTAL SERVICE USE ONLY)                                   |   |                          |               |
|--|---|--------------------------|---------------|
| PO ZIP Code  | Day of Delivery   | Postage                  |               |
| 47802  | <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Del. Day | \$ 1765                  |               |
| Date Accepted  | Scheduled Date of Delivery  | Return Receipt Fee       |               |
| 6/22/05  | Month Day   | \$ 175                   |               |
| Mo. Day Year   | Scheduled Time of Delivery  | COD Fee                  | Insurance Fee |
| 05/56  | <input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM                     | \$                       | \$            |
| Time Accepted  | Military  | Total Postage & Fees     |               |
| <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day   | \$ 1840                  |               |
| Flat Rate <input type="checkbox"/> or Weight                       | Int'l Alpha Country Code  | Acceptance Emp. Initials |               |
| lbs. 3.1   |   |                          |               |

| DELIVERY (POSTAL USE ONLY) |      |   |                    |
|----------------------------|------|---|--------------------|
| Delivery Attempt           | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    |      |   |                    |
| Delivery Attempt           | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    |      |   |                    |
| Delivery Date              | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    |      |   |                    |

| CUSTOMER USE ONLY                                    |  |
|--|--|
| PAYMENT BY ACCOUNT                                   | <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only)  |
| Express Mail Corporate Acct. No.                     | Additional merchandise insurance is void if customer requests waiver of signature.   |
| Federal Agency Acct. No. or Postal Service Acct. No. | I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. |

| NO DELIVERY   |   |
|---|---|
| <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | <input type="checkbox"/> Mailer Signature |

FROM: (PLEASE PRINT) PHONE (812) 299-4816

EMR CONSULTING  
46 Ailendale  
Terre Haute, IN 47802

TO: (PLEASE PRINT) PHONE 614-995-0063

Mr. Paul Mayer  
State of Ohio MARCS Program Ofc  
2323 West 5th Ave, Suite 150  
Columbus, OH 43204

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

4 3 2 0 4 +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811

EMS



ED 606549653 US

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| Date Accepted  | Scheduled Date of Delivery  | Return Receipt Fee       |               |
| 6/22/05  | Month Day   | \$ 175                   |               |
| Mo. Day Year   | Scheduled Time of Delivery  | COD Fee                  | Insurance Fee |
| 05/55  | <input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM                     | \$                       | \$            |
| Time Accepted  | Military  | Total Postage & Fees     |               |
| <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day   | \$ 1840                  |               |
| Flat Rate <input type="checkbox"/> or Weight                       | Int'l Alpha Country Code  | Acceptance Emp. Initials |               |
| lbs. 2.2   |   |                          |               |

| DELIVERY (POSTAL USE ONLY) |      |   |                    |
|----------------------------|------|---|--------------------|
| Delivery Attempt           | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    |      |   |                    |
| Delivery Attempt           | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    |      |   |                    |
| Delivery Date              | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    |      |   |                    |

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FROM: (PLEASE PRINT) PHONE (812) 299-4816

EMR CONSULTING  
46 Ailendale  
Terre Haute, IN 47802

TO: (PLEASE PRINT) PHONE 614-995-0060

Mr. Darryl Anderson  
State of Ohio MARCS Program Mgr  
2323 West 5th Ave, Suite 150  
Columbus, OH 43204

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

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